

## WOUNDS, INJURIES, ACCIDENTS.

**I. Foreign Bodies in Wounds.** By A. FRANKEL. The author made a series of experiments upon rabbits, by introducing foreign bodies, such as soiled clothing, etc., with views of determining to what extent, these, of themselves, would prove harmful; comparing the results obtained between those unprepared and used directly from wear upon the body and presumably infected, those previously disinfected or sterilized, and those which had been purposely infected with the staphylococcus pyogenes aureus, streptococcus pyogenes, etc.

As a result of these experiments, Frankel concludes as follows: 1. Foreign bodies, passing into wounds, do not of themselves set up phlegmonous processes, but are covered in by the healing process without any considerable general or local disturbance. 2. This may be equally true of smooth bodies, as well as those which have surfaces and interstices upon and in which numerous germs may lodge. 3. Those foreign bodies which were infected with specific pathogenic germs peculiar to diseases arising in the lower animals, such as anthrax, as well as certain chemical substances such as croton oil, turpentine, etc., produced severe disturbances or progressive suppuration. The occurrence of tetanus is so rare that the entrance of earth and soil must likewise be comparatively dangerless, inasmuch as tetanogenic earth would be but seldom brought into contact with the wounded parts.

It may be said in commenting upon these experiments, that the wounds were immediately closed, and antiseptically treated, after the introduction of the foreign bodies. In cases of injury with the entrance of foreign bodies, the case is different, the wound remaining a longer or shorter time uncared for and consequently the further entrance of germs from the atmosphere is invited. Although at the present time there is no reason to suppose that the tissues of rabbits break down into suppuration more readily than those of man, yet experiments bearing upon these points are still wanting.—*Wiener Klin. Woch.*

GEORGE R. FOWLER (Brooklyn).

**II. Joiner's Varnish in Wounds and Ulcers.** By DR. DMITRY P. NIKOLSKY (Kyshtymsky Zavod, Russia). As a remedy for wounds

and ulcers of any kind, joiner's varnish has enjoyed a high reputation in the Russian popular medicine from time immemorial. Having happened to receive a wound, every joiner, carpenter or shoemaker at once resorts to painting the surface with varnish, feeling sure the lesion will rapidly heal without any further trouble. The fact that wounds and ulcers treated in that simple manner do actually often satisfactorily, has induced Dr. A. Skvortzoff (*Meditzinsky Vestnik*, 1883, No. 23) to try varnish in two obstinate cases of chronic crural ulcers. The results proved excellent; fetid odors at once disappeared, granulations rapidly assumed a healthy appearance, and the ulcer swiftly healed. Similarly, Dr. M. Krassovsky, of Yaransk, (*London Medical Record*, Dec., 1885, p. 522), successfully employed the dressing in 2 cases of burns and scalds. On the other hand, Dr. Toropoff (*Russkaia Meditziina*, No. 26, 1885), having tried varnish in 30 cases of wounds and ulcers, arrived at the conclusion that though being a good astringent, the substance is almost wholly void of any antiseptic properties, prevents the discharge of pus and contaminates the exposed surface. Further, Dr. Pokrovsky, of Arkhangelsk, stated (*Proceedings of the Arkangelsk Medical Society*, 1885, Vol. II.), that varnish is absolutely harmful, since it retards the healing process and even causes various complications. Quite recently, Dr. G. I. Turner, of St. Petersburg, discussing the first aid in cases of accident, (*Meditzinskaya Beseda*, No. 3, 1889, p. 79), drew attention to varnish as a "very nasty thing" standing on a level with cob-web, masticated rye bread and such like means similarly used by the Russian peasantry in the treatment of wounds. In order to elucidate the matter, Dr. Mikolsky has recently undertaken an extensive series of careful experiments conducted after the following plans: Having washed out the ulcer or wound with a corrosive sublimate, or carbolic or boric solution, he thoroughly dried the surface with hygroscopic wool, painted it (by means of a brush) with varnish and then applied a soft gauze compress with wool and cotton bandages. In freely suppurating ulcers, he first powdered the surface with iodoform or subnitrate of bismuth and then painted with varnish. The results were invariably very satisfactory. For the sake of illustration, the author adduces six cases of atonic or sloughing crural

ulcers (mostly developing on the site of cut or lacerated wounds, or bites) in which (after an unsuccessful employment of iodoform, naphthalin, corrosive sublimate and such-like ordinary means) the varnish and dressing changed every 2 or 3 days, brought about healing in from 7 to 13 days, a marked improvement commencing already after the first dressing (pain lessened or disappeared altogether, granulations became more lively, pus thicker and less profuse, etc.). Similarly good results were obtained by the author in recent cut wounds. On the whole, Dr. Nikolsky comes to the conclusion that the varnish dressing though possessing relatively weak disinfecting properties, affords a very good astringent and hermetically protecting means which fully deserves the practitioner's attention, and that the more so that it is very cheap and simple, and allows the patients of working classes to remain on their legs all through.—*Russkaia Meditina*, No. 28, 1889.

**III. Two Cases of Self-Mutilation.** By DR. IVAN S. KILDIUSHEVSKY (Bendery, Russia.) The author details two cases of self-inflicted lesions, both referring as usual to young soldiers trying to get rid of military service (*Cf. Dr. A. A. Leshtchinsky's paper in ANNALS OF SURGERY*. July, 1888, p. 49.) One of the patients was admitted on account of intense œdema of the right foot, swelling, redness and pain about the ankle-joint, a slightly elevated, shining, livid ovoid patch, measuring  $1\frac{1}{2} \times \frac{1}{2}$  cm. and situated near the inner maleolus. The patient stated that he had "stumbled against a threshold and fallen. Two days later, the patch transformed into a fluctuating tumor. On examining the region through a magnifying glass, a very fine scar could be discerned near the joint on its inner side. The tumor was incised, a sanguinolent floccy fluid escaping. The floccs proved to be as many pieces of some gauze fabric (in other words, the lesions had been produced by introducing under the skin some gauze impregnated with a caustic substance.) The temperature remained normal all through, except one evening, when it rose up to  $58^{\circ}$  C.

The other patient was admitted with double orchitis, right sided epididymitis, reddened and brown spotted scrotum, and right-sided inguinal bubo; all of which were attributed by the lad to his having